

FINAL MEETING SUMMARY

HANFORD ADVISORY BOARD JOINT HEALTH SAFETY AND ENVIRONMENTAL PROTECTION/BUDGETS AND CONTRACTS COMMITTEE MEETING August 4, 2004 Richland, WA

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This is only a summary of issues and actions in this meeting. It may not represent the fullness of ideas discussed or opinions given, and should not be used as a substitute for actual public involvement or public comment on any particular topic unless specifically identified as such.

Welcome and Introductions

Keith Smith, committee chair, welcomed committee members and introductions were made. Yvonne Sherman, DOE-RL, introduced Steve Chalk who will be transitioning into her role. Committee members were encouraged to contact Steve for anything that was previously handled by Yvonne.

The May meeting summary was accepted as final.

Introduction to AdvanceMed Hanford

Jay Augustenborg, Department of Energy-Richland Operations Office (DOE-RL), introduced the new site occupational medicine contractor, AdvanceMed Hanford. The team consists of Marty Zizzi, Principle Manager; Loren Lewis, Medical Director; Hollie Mooers, Deputy Director of HPM Corporation; and Sandy Rock, Risk Communicator. The transitional period has been very busy but is now complete.

Marty Zizzi began with an overview of the organization. AdvanceMed is a CSC Company and is contracted to provide occupational health services for the workers at the Hanford site. HPM Corporation is the primary subcontractor, fulfilling the small business component of the procurement contract. The integration between CSC and HPM will be seamless. The other subcontractors include Imageworks, experts in media

design and health education support, and National Jewish Medical and Research Center, experts in beryllium who will work on lung disease programs.

The biggest challenge was to have a brand new clinic operational by the contract start date of June 6th, 2004, but the local contractor met the goal. Since then, some additional expansion has occurred. No changes were made to the 200 West clinic.

The contract work scope is essentially the same as it was under the previous contractor with some enhancements and improvements. Approximately 70 former staff from Hanford Environmental Health Foundation (HEHF) moved to the new contract. The physician staff will all be new.

Dr. Loren Lewis, Medical Director, provided additional information on staffing. The role of the physicians has changed somewhat to encompass more staff leadership. After interviewing the prior physicians, AdvanceMed decided to hire new ones who also had additional leadership credentials. All of the previous services provided by HEHF will be continued. Loren stressed that AdvanceMed will be making continual process improvements to ensure the health and safety of the workers.

Committee Discussion

- Keith Smith asked if the Employee Job Task Analysis (EJTA) system was being maintained. EJTA will be maintained but is being examined line-by-line in order to make changes. For example, a program was broken out just for tank waste workers and additional mercury testing was also added. In addition, electronic medical records will receive a greater emphasis.
- AdvanceMed would like to have a lot of contact with the prime contractors. CH2MHill Hanford Group (CHG) recently requested a provision to accommodate a graveyard shift, which AdvanceMed responded to by placing a registered nurse on site.
- Keith commented that complications could arise because of the potential of miscommunication between medical providers and employees. Understanding terms is very important. Loren responded that improved communication is a work in progress, but tends to be a problem in any medical profession. AdvanceMed has attended several safety meetings on site and plans more of this type of communication in order to learn what workers perceive as their hazards and risks. In addition, a vigorous work site program is being planned so that providers can see for themselves what the workers are doing.
- Sandy Rock commented that, as the risk communicator, he sees his goal as having everyone understand each other. Risk is challenging because it is perceived differently by each person. People need to understand what risk is and learn to speak in terms that are comprehensible to all.

- Jim Trombold asked whether required periodic exams and other exams were occurring. Loren responded that there is a required periodic exam as well as a general physical that is more specific. If an abnormality is discovered and it is non-occupational, the patient is informed by letter and it is up to them to follow-up. Lab results usually take several weeks, making it challenging to ask a patient to return for a consultation. An alternative system is under review, which would allow for the lab tests to be performed in advance in order to have the results in hand for the provider's examination.
- Maynard Plahuta asked about AdvanceMed's experience working at nuclear sites. They have had three other contracts: Bethesda, CDC and Rocky Flats. In addition, Loren has worked with the Air Force on nuclear contamination and radiation issues. CSC has no Hanford contracts other than the new one with AdvanceMed.
- Clare Gilbert asked what procedures are in place to ensure that whistleblowers within AdvanceMed are not retaliated against, and what steps are being taken to encourage employees to raise concerns without fear of retaliation. Marty Zizzi answered that AdvanceMed follows DOE site procedures and guidelines regarding whistleblower protections.
- Pam Larsen expressed some concerns of local governments with a new contractor. New doctors have been brought in, interrupting continuity and raising questions as to their site-specific knowledge and experience dealing with not only nuclear but also chemical exposure. In addition, there is some worry about the potential reduction in services because of the change from a non-profit organization to a for-profit organization. Loren responded that there have been no calls for reductions in any services and AdvanceMed's recruitment standards are very high. They have added more staff than they had planned and all of the incumbent physician assistants are still working.
- Jim stated that public perceptions are very important, which is why AdvanceMed should spend some time reaching out to the public and explaining services such as the surveillance monitoring program. Sandy commented that, to date, he has been very impressed with the efforts the company has made. Providing information to the public will be an essential part of the process. Attending this committee meeting is one step in communication.
- Margery Swint asked about the number of physicians to be hired and their work ratio. AdvanceMed would like to hire three physicians who would spend 80% of their time performing medical work and 20% administration. Margery, commenting on behalf of the retirees, stated there are concerns about the option to receive physicals, however, that seems to be a contract issue with DOE. She added another source of concern was AdvanceMed's not being local; the previous contractor was from the area and contributed to the community.

- Tim Takaro was pleased to hear that providers were going out to the field but wanted to know what was being done to meet the deficiencies noted in the National Institute for Occupational Safety and Health (NIOSH) report. Loren commented that there have been meetings with industrial hygienists, with the objective being to include more industrial hygiene data in the medical programs. Additional specific exposure data is needed. The NIOSH and other reports will be reviewed since there is a strong interest in improving the process, not just meeting requirements.

Safety Elements in Hanford Contracts

Howard Gnann, DOE-Office of River Protection (DOE-ORP), provided a handout with answers to questions sent by the committees regarding contracts and acknowledged this response is a work in progress. Safety is an implicit expectation in every contract and there are clauses in the contracts that help promote safety; for example, the Conditional Payment of Fee (CPOF) clause can be applied for safety, though it generally has a broader base. Also, the structure of incentives is related to safety. If work is not being completed because of safety problems, the contractor is not receiving payment.

Committee Discussion

- Keith asked if there was any evidence whether CPOF was effective in promoting safety. Jeanie Schwier, DOE-RL, responded that as soon as a problem is identified, the severity is addressed and a corrective action plan is put into place. Howard commented that the Price-Anderson Act enforces nuclear standards and requirements (though it does not relate directly to health and safety) and could be used a little more aggressively for fines, not just costs. Contractors have been responsive to this.
- Committee members expressed concerns that, the more an employer encourages safety, the greater the possibility of underreporting, especially if fines and penalties are involved. The most ideal situation would be a reward system for openness, quick response, and reporting. Howard clarified that statistics are not used for fee determinations and Price-Anderson fines result only from an operational activity that went wrong. The goal is for employees to help each other. For example, if workers were exhibiting unsafe behavior, other workers should feel empowered to approach them.
- Gerry Pollet commented that Price-Anderson is not for health and safety violations, nor is there a guarantee of financial loss for a violation. He mentioned DOE has not identified any incidents where a construction worker issued a stopwork and believes it is because if a worker issues a stopwork, all the workers are sent home without pay. Howard committed to researching and responding to this issue further after. He also mentioned the Employee Concern Program is available and was recently audited.
- Howard also explained that, since the elimination of the Hanford Joint Council, formal alternative dispute resolution is being looked at further, but no processes have been put in place yet.

- Claire asked for clarification of the distinction in enforcement between Code of Federal Regulations (CFR) rules and DOE orders: Price-Anderson applies to rules but not orders, even though most health and safety concerns arise through orders. Since they are orders, that seems to indicate that there is no avenue for legal enforcement. Doug Shoop, DOE-RL, responded that most requirements do come through orders rather than the CFR; however, DOE still has the option to reduce fees through the CPOF clause. In addition, DOE is working to get a CFR for safety.
- Keith stated employees had been told the Integrated Safety Management System (ISMS) had the force of law and there were serious consequences associated with failure to implement it. Rob Barr, DOE-ORP, replied that ISMS is a DOE order and a DOE Acquisition and Regulations Clause. This requires a contractor to implement a safety management program. It is still possible, however, to have “events” even with this program implemented; if a worker chooses not to follow procedures, that individual can still put others in harm’s way, regardless of what program is in place. Every year, ISMS is reviewed. The contractor has the ultimate responsibility, though DOE reviews corrective actions and provides follow-up on the actions. Currently, fines can only be leveraged if there is a nuclear safety issue; however, DOE is working on making a rule for industrial safety, the violation of which would be a finable offense.
- Margery asked how a contractor is protected if a worker tries some “stunt.” Rob responded that contractors have disciplinary programs in place and employees can be terminated for severe infractions. Subcontractors have not been reviewed, but because of the most recent events, DOE may have to review them.
- Tim expressed some concern with contractors being allowed to opt out of ISMS. He was interested in both Bechtel Hanford, Inc (BHI) and Bechtel National, Inc. (BNI) and whether BNI workers at the Waste Treatment Plant (WTP) would be covered by ISMS (i.e., have EJTA’s on all employees in the Risk Management Medical System) through the commissioning and operation of the WTP. Tim said the HAB had been assured at an earlier meeting that BNI would be part of the site wide ISMS once commissioning began. Howard was not aware of that commitment and will get back to the committees after he’s had a chance to research the issue.
- Tim also asked if any BHI sub-contractors had opted out of the system. Doug Shoop noted that the written response to this question (#20) was in error, and that EJTA and ISM were not separate systems.
- Gerry asked several questions regarding beryllium. 1.) What is the plan for individual risk mitigation for beryllium? 2.) Is there a measurable goal for testing workers for beryllium? 3.) What happened to DOE’s commitment to have an onsite beryllium expert? 4.) What is the policy for independence and medical removal after the initial positive? Rob responded that he was not sure what formal commitment was made regarding an onsite expert, but AdvanceMed would like to have an expert. They plan to have contracts in place soon with experts at Jewish Hospital and Harborview.

Gerry also asked about an audit indicating HEHF had not implemented recommendations for their beryllium program: since the audit came out after fee had been awarded, was DOE going to rescind the fee? Though not familiar with the HEHF audit, Jeanie commented that there is a detailed process that occurs before a fee is awarded. If one year later, DOE discovers there is a problem, there is a CPOF mechanism in place.

- Gerry asked Ecology about the statutes and rules that they administer related to worker safety and exposure and whether Ecology is increasing its expertise and review process. Suzanne Dahl, Ecology, responded that they are looking at all of the permits that they administer and how safety can be tied into them, but Occupational Safety and Health Administration (OSHA) standards are not regulated by Ecology. Gerry suggested the Board review whether advice should be issued regarding this oversight of safety.

Howard acknowledged the difficulty of balancing safety needs with contracting mechanisms; both incentives and penalties can lead to underreporting of accidents. DOE is open to suggestions. He committed to working further on the answers to the questions posed by the committees and will distribute those answers in the next few weeks.

Keith and Gerry will work on drafting some advice about assuring all workers have stop work authority and won't lose pay if they stop work for a safety issue.

Update on Tank Vapor Issues

Susan Eberlein, CHG, and Jill Molnaa, Hanford Atomic Metals Trade Council (HAMTC), discussed recent activities. Susan has been working on a special assignment to set-up a health effects panel that will study long-term exposures. CHG instigated this study because employees had been concerned about tank vapors. In May, a search began nationwide for independent experts to serve in an advisory capacity. Five people were chosen and had their first meeting in late June. The panel was provided background information, listened to the concerns of 45-50 people, including many workers, and discussed their overall plan. Over the next year, the panel will be in Richland several times and each time, people will be invited to provide feedback and ask questions. Jill will be instrumental in assisting with connections to the workers.

A flyer has been produced detailing the path forward that the panel has proposed. They are reviewing three types of data and have two tasks. Task one is short term and looks at questions such as whether the right tests are being performed or whether information is being used effectively. Task two looks at the longer term health effects of tank vapor exposure. The trends of workers' health over time will be analyzed. In general, there is no indication of high exposure so the question becomes what effects there may be at low level. The data may not provide a clear answer, but there may be trends. The panel's report will identify future controls, tests, surveillance and monitoring, though the details have not been worked out yet. A very limited number of people will have access to the data because of confidentiality and the process will take about 1-2 years.

Jill commented that this study is something the work force had requested for a while. Lots of positive feedback has been provided. In addition, Pacific Northwest Nations Laboratory (PNNL) is categorizing 109 chemicals to provide an exact idea of what is in the tanks. This is a separate process, but this team will work together with the advisory panel.

Committee Discussion

- Jim commented that it is unfortunate it took multiple worker complaints and lots of publicity before attention was called to this issue. He hoped the whole site would be characterized in such a manner since other exposure pathways exist as well. The process seems to be reactionary rather than precautionary.
- Claire asked if there were any plans to take workers off of supplied air. Susan responded that there were no plans currently. CHG is testing for dimethyl mercury but the testing is not complete yet. If the tests come back positive, controls will be put in place. In the mean time, protection remains conservative.
- Tim asked whether the headspaces of the tanks had been categorized. Susan responded that additional data is still being collected in the headspace area before that risk is quantified. Risk from low exposure is one question that they would like to address.

HSEP Committee Business

Tim requested a change of the standard call time to Monday at 1:00 pm. The next call date would be August 16th at 1:00 pm.

The committee agreed by consensus to continue the leadership of Keith as chair and Tim as vice-chair for the next year.

Handouts

- *Questions for the Health, Safety and Environmental Protection/Budgets & Contracts Committee Meeting* (Questions from committee members, responses provided by DOE)
- *AdvanceMed Hanford Presentation*, AdvanceMed Hanford, August 4, 2004
- *Seven Cardinal Rules of Risk Communication*, Massachusetts Department of Public Health, February 2004
- *Questions and Answers on the Transition to the Nationwide Former Worker Medical Screening Program*, August 4, 2004
- *Health Effects Panel Tasks*
- *National Institute for Occupational Safety and Health – Health Hazard Evaluation Report*, Department of Health and Human Services, July 2004

Attendees

HAB Members and Alternates

Claire Gilbert	Jeff Luke	John Stanfill
Harold Heacock	Maynard Plahuta	Margery Swint
Rebecca Holland	Gerry Pollet	Tim Takaro (by phone)
Paige Knight	Keith Smith	Jim Trombold
Pam Brown Larsen		

Others

Jay Augustenborg, DOE-RL	Suzanne Dahl, Ecology	Loren Lewis, AMH
Steve Chalk, DOE-RL	Tim Hill, Ecology	Hollie Mooers, AMH
John Hall, DOE-RL	Dick Jaquish, Health	Sandy Rock, AMH
Yvonne Sherman, DOE-RL		Marty Zizzi, AMH
Doug Shoop, DOE-RL		Susan Eberlein, CHG
Jeanie Schwier, DOE-RL		Bryan Kidder, CHG
Rob Barr, DOE-ORP		Lynn Lefkoff, EnviroIssues
Howard Gnann, DOE-ORP		Marlies Wierenga, EnviroIssues
		Lindsey Jackson, FH
		Barb Wise, FH
		Jill Molnaa, HAMTC
		Sharon Braswell, Nuvotec/ORP
		Dave Watrous